PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

047390. P12371

CLAIMS AS FILED - PART I								SMALL EN	YTITY		OTHER THAN	
TC	TAL CLAIMS	<u> </u>	(Column 1)		(Colur	(Column 2)		TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			30		·			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			30 minus 20=		*	/0		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			6 minus 3 =		*	3		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT]	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PAR					T II			'			OTHER	THAN
(Column 1) (Colum						(Column 3)	<u> </u>	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 28	Minus	** ~	30	"	Н	X\$ 9=		OR	X\$18=	
	Independent	* 0	Minus	***	6	-	↓ [X42=	/	OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM		إل	+140=		OR	≯28 0=	
			•					TOTAL		1	TOTAL	
			. • . • <u>.</u>			· ·		ADDIT. FEE	•	OR	ADDIT. FEE	
_	• • • • •	(Column 1) CLAIMS		(Colui		(Column 3)	5 r		ADDI-			ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT			IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	┨┨	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>	<u></u> ∐ ∐	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		┧╽					
	•				+140=	:	OR	+280=				
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	<u> </u>				•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	┧┟	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM		┚┞	+140=		On		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
		mber Previously Pai					er fou	nd in the app	ropriate box	in col	umn 1.	